



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-361-2930

Yersiniosis

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ Bloody diarrhea
☐ ☐ ☐ ☐ **Abdominal cramps or pain**
☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): ____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Laboratory

Collection date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ ***Y. enterocolitica* or *Y. pseudotuberculosis***
isolation (stool, urine, or normally sterile site)

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Abdominal or other GI surgery performed within
last 30 days
☐ ☐ ☐ ☐ Immunosuppressive therapy or disease
☐ ☐ ☐ ☐ Iron storage diseases (e.g. hemochromatosis)

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Reactive arthritis
☐ ☐ ☐ ☐ **Sepsis syndrome**

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-10 -3

o
n
s
e
t**Contagious period**

weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ Contact with diapered/incontinent child or adult
☐ ☐ ☐ ☐ Chitterlings
☐ ☐ ☐ ☐ Chitterlings prepared in household
☐ ☐ ☐ ☐ Raw or rare pork or pork products
☐ ☐ ☐ ☐ Unpasteurized milk (cow)
☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/location: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Source of home drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
☐ ☐ ☐ ☐ Exposure to pets
Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit
☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
Pigs or swine ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Any medical or dental procedure
☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates)
Date of receipt: ____/____/____
- ☐ ☐ ☐ ☐ Organ or tissue transplant recipient,
Date: ____/____/____

☐ Patient could not be interviewed☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
☐ ☐ ☐ ☐ Employed in child care or preschool
☐ ☐ ☐ ☐ Attends child care or preschool
☐ ☐ ☐ ☐ Household member works at or attends childcare or preschool
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Exclude case from sensitive occupations (HCW, food, childcare) or situations (child care) until diarrhea ceases
☐ Hygiene education provided
☐ Restaurant inspection
☐ Child care inspection
☐ Follow-up of household members
☐ Investigation of raw milk dairy
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____